



PATIENT CONSENT FORM

The Privacy Rule was created in order to provide a standard for health care providers to obtain their patients consent for uses and disclosures of health information about the patient to carry out treatment, payment or health care operations.

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to achieve the very highest standard of ethics and integrity in performing services for our patients.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Print Name

Signature

____/____/____
Date

PAYMENT POLICY

It is our intent to deliver the best in medical care. However, our costs are rising tremendously. We hope that we will not be forced to pass these costs on to you but in order to keep our costs down we must have your full cooperation. This entails prompt payment for our services, so please note our office policies:

1. All co-payments and non-covered items are to be paid at the time of visit.
2. You are responsible for payment of all charges, including any balance due following insurance payment.
3. We reserve the right to charge interest at 1½% per month (18% per annum) on balances 30 days and older. In the event any balance due hereafter is not paid as agreed, the undersigned jointly and severally agree to pay all costs incurred in said and unpaid balance, including reasonable attorney's fees.
4. If you are a Medicare Patient, when you receive services that are not benefits of Medicare, you are responsible to pay for them personally.

I understand and agree to the terms set forth above.

Responsible Party

Witness

SUMMARY OF NOTICE OF PRIVACY PRACTICES

THIS SUMMARY IS PROVIDED TO ASSIST YOU IN UNDERSTANDING OUR NOTICE OF PRIVACY PRACTICES

Our office has a detailed Notice of Privacy Practices containing a description of how our office will protect your health information, your rights as a patient and common practices in dealing with patient health information.

Uses and Disclosures of Health Information: We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures Based on Your Authorization: Except as stated in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your Authorization: In the following circumstances, we may disclose your health information without written authorization:

- To family members or close friends who are involved in your health care.
- For certain limited research purposes.
- For purposes of public health and safety.
- To Government agencies for purposes of their audits, investigations, and other oversight activities.
- To Government authorities to prevent child abuse or domestic violence.
- To the FDA to report product defects or incidents.
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders.
- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

Patient Rights: As our patient, you have the following rights.

- To have access to and/or a copy of your health information.
- To receive an accounting of certain disclosures we have made of your health information.
- To request restrictions as to how your health information is used or disclosed.
- To request that we communicate with you in confidence.
- To request that we amend your health information.
- To receive notice of our privacy practices.

If you have any question, concern or complaint regarding our privacy practices, please request our detailed Notice of Privacy Practices for the person or persons to contact.